

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	4/23/01
FORMALITY REVIEW	BZ	IC3-883	05-25-01
RESPONSE FORMALITY REVIEW	SLC	809	9-14-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	0
5	0
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	0
15	0
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	0
26	0
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	0
36	0
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	2
44	0
45	0
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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10-25-01  
 8/26  
 9/17/01